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October 5, 1994

TO: CAM'S
DM'S

RE: FOCUS - NOVEMBER 1994 - APRIL 1995

Gentlemen:

In order to assist with upcoming Focus presentations, the following highlights the changes in the November-April versus the May-October program.

DETERMINATION OF BASE SOM

- * Accounts who participated in the May-October program with a maintain or increase in total RJR SOM will use the same beginning base total RJR SOM established in May for the November through April program.
- * Accounts who experienced a decrease will use the ending total RJR SOM as their beginning base (i.e. May beginning base 20.1% ending SOM 18.8% new base 18.8%).

PAYMENTS

- * Total RJR SOM ranges are reduced to +.5% increase increments (versus +1.0%).
- * Payments for Full Price cartons are at 1¢ increments for each +.5% SOM increase.
- * Savings brand payments remain the same.
- * Plan B customers will need to report purchases and sales on a monthly basis.

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TO: CAM'S & DM'S
RE: FOCUS - NOVEMBER 1994 - APRIL 1995


TIMETABLE

- * Presentations to be completed by 10/28. New plan A or new Plan B accounts should be a priority.
- * Ending SOM, which for most accounts will become beginning, will not be available until 11/23. Leave this section of the agreement blank and I will forward this information as soon as it is available.
- * Account ending inventory or any new plan inventories will need to be completed on 10/28. This will become beginning inventory for new program.
- * New Plan A accounts must submit data for week of 10/29 - 11/4. RJR will accept test data until 10/28. If data is not submitted by 11/11, account will not qualify for Plan A.
- * Please complete the attached sheet for all existing new Plan A customers and fax to me so I can contact Data Services.

In order to reduce your administrative burden, please copy me on the program enrollment forms and I will input them into the system.

Should you have any questions, please call.

Sincerely,


L.M. O'Connor

LMO/lt

cc: M.A. Young

Attachment

S-3

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PLAN A

ACCOUNT NAME: _____

ACCOUNT #: _____

INFORMATION SYSTEMS CONTACT INFORMATION

CONTACT NAME: _____

CONTACT FAX NUMBER: _____

ADDRESS: _____

R.J. REYNOLDS TOBACCO CONTACT INFORMATION FOR ACCOUNT

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

DIVISION/CHAIN NUMBER: _____

CHECK ONE: CONTINUING _____

NEW _____

PLEASE FAX TO LORI AS SOON AS PRESENTATION IS COMPLETE

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